VOLUME 16 2019 NUMBER 4

Lutheran Services in America
CHAPLAINS' NETWORK

Caring Connections

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling

Yearnings for Holy Justice

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity.

Caring Connections also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

Scholarships

When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the "Give Something Back" Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name "Give Something Back" for their fund, and the LCMS calls theirs "The SPM Scholarship Endowment Fund." These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

Applicants must:

- have completed one [1] unit of CPE.
- be rostered or eligible for active roster status in the ELCA or the LCMS.
- not already be receiving funds from either the ELCA or LCMS national offices.
- submit an application, along with a financial data form, for committee review.

Applicants must complete the Scholarship Application forms that are available from Judy Simonson [ELCA] or Bob Zagore [LCMS]. Consideration is given to scholarship requests after each application deadline. LCMS deadlines are April 1, July 1 and November 1, with awards generally made by the end of the month. ELCA deadline is December 31. Email items to Ruth Hamilton at *ruth.hamilton@elca.org* and to David Ficken *ESC@lcms.org*.

Has your email address changed?

Please notify us of that change by re-subscribing at *lutheranservices.org/newsletters#cc*.

Credits: cover and pg.28, istockphoto

Editorial Office: Editor, *Caring Connections*, c/o Lutheran Services in America, 100 Maryland Ave., Suite 500, Washington, DC, 20002, or email Lee Joesten at *lee.joesten@gmail.com* or Diane Greve at *dkgreve@gmail.com*.

Permissions: Requests for permission to copy or reprint should be directed to the editors at *lee.joesten@gmail.com* or *dkgreve@gmail.com*.

Electronic Subscriptions: Please visit *lutheranservices.org/newsletters#cc* and click on "Click here to subscribe to the Caring Connections Journal" to receive automatic notification of new issues.

News, Announcements, Events: E-mail items to Ruth Hamilton at *ruth.hamilton@elca.org* or David Ficken *ESC@lcms.org*.

Contents

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact one of the co-editors, Diane Greve at *dkgreve@gmail.com* or Lee Joesten at *lee.joesten@gmail.com*. Please consider writing an article for us. We sincerely want to hear from you! And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, a subscription is free! By subscribing, you are assured that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the number of those who check in is increasing with each new issue. Please visit *www.lutheranservices.org/newsletters#cc* and click on "Click here to subscribe to the *Caring Connections Journal*." to receive automatic notification of new issues.

Editorial

Diane Greve (pronouns she, her, hers)

THE MORNING AFTER the massacre of nine Black congregants in the basement of Emanuel AME Church in Charleston, South Carolina, on June 17, 2015, I had occasion to talk with two of my Black colleagues who were in total shock and filled with anger and deep sorrow. Sadly, I confess, my own internal response on hearing the news that morning was that it was just one more mass shooting in this country. I shook my head and kept getting ready for work. But these conversations with my colleagues started to wake me up. These women were gift to me. And then to learn the young White shooter was raised in an ELCA congregation! I had been invited to preach at my home congregation a couple Sundays later and found myself compelled to speak to this matter and the critical need for all in the church and beyond to face our own race-based attitudes and assumptions. This event was startling for me as an aging woman of European descent. Of course, I was opposed to racism. Yet, I confess I had usually implicitly blamed the victims in these scenarios in the past. But here were Christians gathered to pray and they were slaughtered. It started to break open my heart in new ways. And I have come to realize that I am racist as I am someone who is breathing the air of a nation built on racial violence. And White Fragility is real.

For those of privilege, it is time to open ourselves to the reality of our brothers and sisters who live daily with systemic racism, sexism, and the trauma of violence. How do our LGBTQIA colleagues and clients experience marginalization and violence? We are all trapped in a system that is not life giving for any of us. And complacency, silence and ignorance will not move us forward.

I assume we can affirm God's love for all people. What then might be the role of the chaplain, pastoral counselor, clinical educator or parish pastor in advocating for social and racial equity in our ministries? Dare we risk it? First, we need to educate ourselves and learn to be aware of how the systems in which we live and work harbor inequity. For some of us, it is a daily struggle. Others may not even see it. Still others live with the reality of racial and social inequity on a daily basis.

I suggest we be honest with ourselves. The first step must be to become as aware as we can be of our blind spots regarding gender identity, sexual orientation, ethnic, racial and cultural heritage, language barriers, etc. We need to learn to talk about it. Then we may be ready to be awakened to the disparities around us as it is evident in our ministry lives. Can we respond to racist or sexist language on the part of a client, patient, parishioner or student? How do we point out the racial and gender disparity in a board of directors of our institutions? Do we make a point to learn the names of staff who are from cultures different from our own when their names don't easily roll off our tongues? Do we avoid visits with people who will require an interpreter

or who speak with an accent we find more difficult to understand? Are you aware of the health disparities for indigenous people, descendants of former slaves, and immigrants here with and without documentation? The trauma of violence, even from many generations ago, is carried in all of our bodies. How do we hold that awareness when speaking with a traumatized family?

Twenty or so years ago, Chaplain David Berg in Minneapolis developed a spiritual assessment tool that took into account the various nuances of culture. He was on the cutting edge. Today, we have many resources talking about racial and social inequity. And, I recently discovered additional current resources that may speak directly to those of us in chaplaincy, pastoral counseling and clinical education. A few are listed below:

- *I Bring the Voices of My People: A Womanist Vision for Racial Reconciliation* by Chanequa Walker-Barnes who is a clinical psychologist, public theologian and minister. She serves as associate professor of practical theology at the Mercer University McAfee School of Theology.
- *Spiritual Care in an Age of #BLACKLIVESMATTER: Examining the Spiritual and Prophetic Needs of African Americans in a Violent America* edited by Danielle J. Buhuro who is an ACPE Certified Educator Advocate Aurora South Suburban and Trinity Hospitals at Chicago. The contributors to this anthology are experts in their respective fields who offer perspective on issues impacting African Americas.
- *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* by Resmaa Menakem, MSW, LICSW. He teaches workshops on Cultural Somatics for audiences of African Americans, Europeans Americans and police officers. He is a therapist in private practice. His book addresses trauma that all persons carry in their bodies regardless of their heritage.
- *Sacred Instructions: Indigenous Wisdom for Living Spirit-Based Change* by Sherri Mitchell with a foreword by Larry Dossey, MD. An attorney and author, she speaks and teaches around the world on issues of Indigenous rights, environmental justice and spiritual change.

I am very grateful to the contributors for this issue:

- **Peter Lundholm** was a VA Chaplain for many years and reflects on his insights regarding injustice from his years of ministry.
- **Dennis Kenny** tells of his international CPE experience in Hong Kong and what he has taken away from his involvement there.
- **Nitza Rosario** is a hospice chaplain who makes connection across potential barriers through common language.

- **Lynne Silva-Breen** writes about the intentional work it takes to overcome racism.
- **Rob Ruff** reflects on his awareness of racial and social inequity in a Level 1 trauma hospital context in St Paul.
- **Karen Westbrooks** describes the intensity and challenge of serving as a Black woman on the front lines of servant ministry.
- **David Franzen** reviews a resource for identifying White privilege in psychotherapy.

In Response to Past Issues

- Paul Galchutt invites us to join a Spiritual Care Research Network to promote research literacy in chaplaincy.
- Dave McCurdy offers his thoughts on the matter of Faith Based health care.

If you have contributions to the News and Announcements section on the last page, please let us know.

I recognize racial and social equity is not an easy topic and contributors have approached the subject from various angles. Yet, it is one we must face together and learn how to talk about. It is messy and requires courage. I hope we can continue this dialogue into future issues of *Caring Connections*. Most likely we will offend each other in the process but we are equipped to listen well with open hearts to these conversations. Prayerfully and thoughtfully, I invite you to read on…

Beyond Labels to Listening

Peter Lundholm

THIS MAY, I ATTENDED MY SECOND GATHERING of the annual National Workshop on Christian Unity. The theme of the gathering was, quoting Dr. Martin Luther King, Jr., "*Building of the Beloved Community*." This is indeed a Holy Endeavor. I came away thinking that the use of labels/name calling get to the heart of the challenge implicit in this building project.

I do not like labels and/or name calling. They really amount to the same thing I suppose. I do not imagine that you like them either. Yet, I confess they can creep into my thoughts and attitudes toward others. I try to describe people, instead, in terms of behaviors, appreciation and gratitude. And, I believe we are all vulnerable people who need to be in deep conversations with other vulnerable people so that our eyes, ears, minds and hearts can be opened.

Bias, implicit or explicit, is planted and fertilized, in part, by the use of labels/name calling. Bias of any kind will keep us stuck and put us and others at risk. At the extreme, bias will blind us when we can least afford to be blinded. On a personal level, I need to work toward an awareness of my own potential for implicit bias. Working as I have at the VA Medical Center with many non-white persons, I need to deliberately set aside any sense that certain people do not have an inherent tendency toward any substance abuse or other mental health issues, noting again that we are all vulnerable and sometimes have more than one vulnerability of which I may not even be aware.

Bias, implicit or explicit, is planted and fertilized, in part, by the use of labels/name calling.

Some thirty plus years ago, I was caught in a blinding snow storm on Interstate 80 in Iowa. There was an eighty car pile up, and I was in the middle of it. While blessed by my surviving the experience and lessons learned from the experience, I can also acknowledge my arrogance in being out there in the first place. I was driving alone; however, I put at risk other drivers and passengers, as well as my wife and two young children who were at home.

As I have worked with veterans over the last twenty plus years, the experience of having one's vision limited by sandstorm or blizzard, has helped me to understand in small part, the kind of disorientation and anxiety that can become life altering. In the same manner, bias will blind us, both individually and communally.

I recall a broadcast on NPR sometime in the past year that spoke of the widespread practice of discrimination in the sales of homes. Ostensibly, we have laws that should prevent lending institutions and realtors from engaging in this discrimination. Yet, it persists. It seems that discrimination was built into HUD

practices since it was born following the depression. And today, according to the NPR interviews, it seems to continue, despite the monitoring of financial institutions that provide loans for home purchasing. It is of course, only one example of how implicit bias and systemic racism creeps into our lives and our culture and works against *building the beloved community*.

So, we have our work cut out for us. Personally, I need to change the ways in which I use language. I work to eliminate words such as: always, never, but and should. There are more to be sure. I want to be careful when I use the words, fair, justice, responsible, accountable, transparent because they can become labels too. I want to be careful when I use the words legal, illegal, rule of law.

Culturally and politically, I need to listen to others too. There is a gentleman in our community and a member of the congregation of which I am a member. His name is Chris Lehman. Over the past several years, he has become someone I need to listen to, as he has uncovered some of the history in our community and state relating to slavery and slave-holders. Listening to him helps me to be more attentive to the ways in which bias blinds me to what is present and what I need to face. His work is opening my eyes and challenging my arrogance.

I work to eliminate words such as: always, never, but and should. I want to be careful when I use the words, fair, justice, responsible, accountable, transparent because they can become labels too.

As we engage in working toward social and racial equity, I believe it is critical that we personally and communally listen to one another. We need one another. We cannot do this alone.

To state the obvious, we are all experiencing change. As we do so, we face loss, along with the disorientation that comes with it. Loss also brings gifts that initially are more difficult to see. The loss and disorientation make us more vulnerable and anxious. Our decision-making is compromised. We don't see reality as clearly as we need to see it. We are at risk. There is also the potential for adventure, risk, love and joy.

We may wish to get off the highway, as in a blizzard, or hunker down, as in a sandstorm. This will not be permanent. We will be able to go forward after the winds calm down. It then becomes necessary to listen to ourselves and others so that we can begin to navigate more effectively.

I also have come to understand this as a spiritual issue. When I have heard of "demons" and demon possession, I have often been skeptical. However, the phrase *esprit de corps* has taken on new meaning. It could be used to mean the morale of a particular military unit. Literally it has to do with the animating spirit. That seems to me more whole and inspiring.

When we speak of corporate culture or institutional culture, I believe we are speaking another name for this "spirit." This is where bias can hide and blind us. Is

this not true also for schools, hospitals, corporations, government agencies and even churches or congregations? As a white man, I can be blind to structural racism.

I also ask myself, is there a life-giving spirit or a spirit of fear that leads us to see others as "they?" Is there a spirit of compassion or a spirit of individual or corporate self-preservation that sees change as an opportunity to expand the ways in which we can walk side by side with other vulnerable human beings or, on the contrary, an opportunity to shape this change to our own personal or corporate advantages? In the VA, there are good faith efforts being made to work toward the awareness of implicit and unconscious bias in our care of veterans and of one another.

When conspiracy theories arise, I am convinced that they come from a profound sense of loss and with it the experience of having no rational explanation. When we are worn down by change, do we find ourselves looking for someone to blame or a conspiracy theory that will help us find something to blame or will help us make "sense" out of what we have experienced? How might we address this loss and fear as chaplains and pastoral counselors?

So, we need to be mindful of our own words and use of labels. And we need to be a part of a diverse community that can listen to one another so that our eyes, ears, minds and hearts can be opened. If we are to live and thrive together, we need these ways of becoming more attentive to our own vulnerability and that of others as we move toward a common vision of the *beloved community*.

Peter Lundholm is working to understand his own whiteness, a continuing process. He has been formed by teachers and musicians, community and solitude. He is the husband of Pam and the father of Christiana, Nicholas and Ted. He is Farfar (paternal grandfather) to Philip and Oscar. Peter was a geologist for a time. While he had to shift his focus from the ages of rocks to the Rock of Ages, he still intrigued by that which formed the land around us.

Peter has been a pastor for forty years and studied liturgy—why we do what we do (there is good and bad ritual). He has served and learned in parishes going through constant change. He has been privileged to be a VA chaplain for twenty plus years and is now mostly retired ELCA word and sacrament minister. He makes his home in the St Cloud, Minnesota community.

Diversity and ACPE

Dennis Kenny

IT WAS 1997 WHEN A FORMER STUDENT of mine asked me to step into the long line of ACPE educators who had offered a unit of CPE in Hong Kong. After several conversations about what I would do, we settled on a supervisory training unit for three people in the process. The three fell into different stages of education. One woman was just beginning. A man who had done units of supervisory training in the United States was working on theory papers and incorporating theory more directly into his education of students. The last student was my former trainee who had done supervisory training with me in the U.S. I was to sit in on the newer student's groups, consult with the man, and sit in on groups with my former student.

I had gotten permission from my hospital in San Francisco to spend a good part of the summer in Hong Kong. Without pay of course; but with a promise I'd have my job back when I returned. I tried hard to imagine the experience as a sabbatical, and it came close.

1997 in Hong Kong was the summer of the "Changeover" as the government changed from Great Britain to China. It was an amazing experience to be with the Hong Kong people as they worried their way into excitement. In recent weeks we have heard about Hong Kong and the demonstrations for more freedom from restrictive policies of the Chinese government. In 1997 that was certainly the worry but there was also excitement for reunification. So, we stood on the docks of the bay with 2 million other people on the night of the Change and watched fireworks as a new day began.

CPE was met with worry and excitement for all who were involved. Just before I came, the new educator decided she was not going to run a unit but still wanted to meet with me to talk about supervision.

CPE was met with worry and excitement for all who were involved.

Language interpretation as well as cultural and gender differences came to the forefront very quickly.

The male educator working on theory said very directly that he did not want me to be in his groups. This was partly since he did not want to interpret for me because it would burden him and the students. It was also that I was not his former educator who was much beloved. We agreed that if he wanted anything from me either with groups or theory it was up to him to initiate that meeting. He never did. This was feeling much more like a sabbatical.

My former student wanted me in her groups and working with her students.

It is important to note that the Hong Kong Chinese are excellent hosts and generally deferential to those they see as authorities. All the people I was involved with in CPE and in the hospital went out of their way to make me comfortable and involve me in the cultural experience of Hong Kong. This was even true of the male educator when we weren't talking about CPE.

I began by primarily observing in the CPE groups but with an invitation to interact as I saw fit. Most of the students had excellent English and could understand what I was saying and could respond to me in English. Quickly it was clear to me that the students were most comfortable speaking in their own language. The resident educator began by translating for me and that became burdensome. I said that I would listen in the group and ask for a translation if I needed to know the topic or what was being said. That was a system that worked.

Because the students were all in their first unit of CPE, they were being introduced to this strange process of education that put a premium on talking about feelings, as well as recognizing and asserting one's own needs.

Because the students were all in their first unit of CPE, they were being introduced to this strange process of education that put a premium on talking about feelings, as well as recognizing and asserting one's own needs. These concepts were counter cultural to the Chinese where the group was valued over the individual and feelings were significantly less important than respect for elders and male authorities.

One young woman in the group came to love CPE. She was thrilled to discover her feelings and talked about her place in her family of origin and with her husband. She was excited to learn that she was good at pastoral care and that she could function as a chaplain.

Toward the end of the unit, when we were summarizing what had happened for the students in the program, this student again said how important the learning about feelings and their impact on her relationships was for her.

I asked her if she was going to share her learnings with her father and or her husband. She smiled at me and said "Oh no! I would never do that."

While in the United States we often push for students to share learnings in those relationships. That was not going to happen in Hong Kong and it didn't mean that CPE wasn't valued or hadn't changed that person.

My second and third times in Hong Kong were for shorter periods and were primarily focused on helping the pastoral care association in Hong Kong set up their own organization for CPE with accreditation and certification standards and processes.

There were four of us Certified Educators working with several people from Hong Kong including people who had been educated and received some certification in the US and Australia. Baptists, Lutherans and Roman Catholics were represented.

We were welcomed, showed much respect and asked for our ideas and opinions. After three intense days we had on paper an organizational chart and standards and processes for CPE. It was quite an accomplishment. The final document included the long history of CPE in Hong Kong as well as our experience with problems we had faced that we hoped wouldn't be repeated in their experience.

We were celebrated and toasted and thanked for our investment in their process. On the long flight back one of the other educators received a long email from one member of the group noting that they had made several significant changes in what had been proposed including separating the Roman Catholic process from the "Christian process." The educator was shocked. I reminded him that while they were deferential to us and truly valued us, they weren't going to violate their values or disrespect us through face to face challenges.

Some of What We Learned

- CPE is a model of education that often is valued around the world even when it challenges cultural norms especially if that culture values the group over the individual.
- People want our education because it works and gets people ready for the spiritual care they desire.
- Language is an issue and we need to be creative and respectful in involving ourselves in the training even when the students have English skills.
- It is culturally arrogant not to share what we know from our experience even if we are trying to avoid being culturally arrogant.
- We need to trust that others are as smart and as committed as we are and are not likely to be overwhelmed by our brilliance or experience.
- If we approach others as learners as well as teachers, it is more likely to go well.

Dennis Kenny has been a Regional Director for ACPE and is a rostered minister of word and sacrament in the ELCA. He is the author of Promise of the Soul *and* The Book of Weeks *(a guide for Transformational Education). After serving in numerous locations in his ministry as an ACPE educator, Dennis retired from the Cleveland Clinic. He is the 2019 recipient of ACPE's Distinguished Service Award, awarded for long, outstanding service and leadership to the association. He currently serves on the ACPE International Relations Committee.*

Lost in Translation: Pastoral Care Across Languages and Without

Nitza Rosario

"TRANSLATION" HAS BEEN the constant theme of my ordained ministry.

I served my first parish in Puerto Rico in the 80s. At that time, computers were not yet a given, nor were internet resources. Much of my time was spent trying to translate confirmation resources or Bible study resources into Spanish. Lenten resources sent by bulk "snail mail" would arrive after the start of Lent. Advent resources were full of images that spoke of shortening days and colder weather. But Puerto Rico's location afforded a relatively stable year-round high of 85 degrees and consistent 12-hour days, give or take an hour. How would I translate those traditional images of the Northern hemisphere to the lived experience of my parishioners?

From the moment I arrived, I longed to see the mass translated into our own musical language. Puerto Rico has a rich musical tradition of "décimas" for example. A décima is a specifically structured ten-line poem forming the lyrical content of a song. I had longed to see our musical tradition translated into our liturgical tradition and had been pleading with one of my talented parishioners to create a new musical setting to the text of our "Liturgia Luterana." Eventually, on a night in September 1988 as the distant grazing of Hurricane Gilbert provided the sound of the rain on his roof, my parishioner Juan Bautista Sanchez wrote a new setting. Inspired by the rain and the night song of the coquies[1], his guitar setting to Liturgia Luterana was enthusiastically received by my congregation. We learned it by ear, and it was the setting we used for the rest of my years there. Like Luther, we were translating the mass into our vernacular.

Fast forward two years: I'm back in the United States, in a tri-cultural setting in Brooklyn, New York, in a congregation celebrating its 100th anniversary.

The congregation had been started in the late 19th century by Norwegian immigrants who had been profoundly shaped by the religious revival that swept Southern Norway. In my home visits to the Norwegian elderly I would see their blue eyes brim over with tears as they recalled the fjords of Norway. Later in the day I would visit Puerto Rican members whose brown eyes would brim over with tears as they recalled the swaying palm trees of their native Puerto Rico. I was inwardly amused and amazed by how much they had in common.

In my home visits to the Norwegian elderly I would see their blue eyes brim over with tears as they recalled the fjords of Norway. Later in the day I would visit Puerto Rican members whose brown eyes would brim over with tears as they recalled the swaying palm trees of their native Puerto Rico.

1 A species of small frog that is native to Puerto Rico.

"Translation" is also a running theme in our scriptures: How do you understand God's promises in changed circumstances?

How shall we sing the Lord's song in a foreign land?

Does becoming a follower of Christ require circumcision?

Is it appropriate for Christians to eat the meat of unclean animals?

Can Christians eat meat offered to idols?

How can it be that the Spirit of God came upon foreigners as on us?

The issue of translation has taken a new form in my last 17 years of ministry. My ministry is now in hospice chaplaincy. End-of-life conversations are difficult when you don't speak the same language. I am frustrated by my inability to speak Polish. Since I see how my Spanish speaking patients'/ families' faces brighten when they hear me unexpectedly speaking Spanish to them, I'm also aware of how my lack of knowledge of Polish does my Polish patients a disservice. Phone language lines are helpful for translating a nurse's questions regarding pain, medication dosages, etc. But when speaking of issues of confession, faith, meaning, fear, grief, and other spiritual matters, it is at best clunky, at worst inaccurate.

Since I see how my Spanish speaking patients'/ families' faces brighten when they hear me unexpectedly speaking Spanish to them, I'm also aware of how my lack of knowledge of Polish does my Polish patients a disservice.

I have tremendous respect for colleagues who have plunged into the challenge of learning a new language in order to provide better care for their patients and families. Communication, while still possible, is especially crucial, as patients can get lost in translation at EOL.

Early in my hospice experience I was assigned a patient well outside of my team's territory because she was Spanish speaking. She was in a nursing home. Perusing her chart prior to my first visit, I made note of the advanced dementia indicated on her chart. But to my surprise, we had a lovely conversation in which she told me her story of coming from Cuba. Subsequent visits did indeed confirm her advancing dementia but I wondered what assumptions had been made by virtue of her long periods of sleep-probably due as much to boredom as to her declining condition.

A current patient (coincidentally, also Cuban and in a long-term care facility) has much of the same conversation with me at every visit, often telling me "La soledad me mata." (The solitude kills me.) She would repeatedly ask me questions about my family and after numerous attempts to redirect her, I told her that yes, I had a grandchild. She joyfully lifted her hands to heaven and said "Son el beso de Dios en la frente." ("They are the kiss of God on the forehead.") I was tremendously moved by that image. Although my face is familiar to her, she never remembers me from one visit to the next. She does remember, however, that I have a grandchild.

"The kiss of God on the forehead." Her phrase stayed with me, as I thought of people who had mediated the kiss of God on the forehead to me. In one of those

serendipitous moments a few days later I heard a similar phrase again. I was watching the Netflix remake of the 70s sitcom "One Day at a Time." In this remake, the family is Cuban. In the second year's season finale, the grandmother/matriarch Lydia is in the hospital, recovering from a stroke. Each of the characters has time alone with her, potentially to say goodbye if she doesn't come out of the medically induced coma. Schneider describes her visit to him years before, when he was in rehab. He describes how comforting it was when she tucked him in and gave him a kiss on the forehead. "Forehead kisses are wildly underrated," he tells her.

My dementia patients challenge me to look beyond the spoken word to see what can be communicated in silence. They are great teachers.

Earlier, one of the most profoundly spiritual connections I've known was mediated to me through the forehead. Trish, a resident at a nursing home where I had numerous patients, would walk laps slowly around the floor of the facility, eyes fixed on the floor in front of her, hands (which appeared more as fists) jammed into her pants pockets. She had never spoken a word. But if you were anywhere near her path, she would walk up to you, literally get IN YOUR FACE, two inches away, and glare. Her expression was akin to daggers coming out of her eyes. I was thankful she was not our patient, and I would steer clear of her—until one day when she intercepted me. Partly out of curiosity, I decided to stand my ground. Two inches away from me, I looked into her eyes and I met her scowl with my smile. She closed her eyes and leaned her forehead against mine for what felt like eternity but was probably five seconds.

It was the most profoundly spiritual connection I have ever felt with a person unknown to me. And it was entirely nonverbal.

This has brought me to another level of understanding translation and of communicating beyond spoken language. Dementia is a great equalizer. The gift of dementia is that it can (not "does," but "can") allow for the transcending of spoken language. That contact with Trish is visualized in my mind as a kind of spiritual particle accelerator that goes two ways. It was a conduit from the Divine, into each heart, into the other's heart, through the forehead, and back to the Divine. I do not in any way mean to sentimentalize or idealize dementia, which is particularly difficult for families who tend to see it as the loss of the person they once knew. But my dementia patients challenge me to look beyond the spoken word to see what can be communicated in silence. They are great teachers.

One patient with mild dementia had other complicating conditions that made it exhausting for him to speak. Once I realized that, I assured him he didn't have to speak if he didn't feel like it. As I drew the visit to an end after 45 minutes of silence, he told me "Thank you for a most delightful visit."

Another patient, whose early gruff demeanor initially made me think he was just tolerating my presence told me at the end of my visit, in his thick Greek accent, "When you come again? I like you for to come [sic]."

At end of life, many people are "reduced" to nonverbal communication. From the perspective of pastoral care in a diverse setting, there can be a certain grace in dementia—it can mitigate the disadvantage of not knowing the other's native language. You have to rely on other ways to communicate.

I have had dementia patients who speak in English-but entirely non-sensically. Louise spoke with great expressiveness, although she made no sense at all. I learned to respond to the emotion of what she was saying rather than trying to make rational sense of it. I would respond to her expression through my face and through the tone of my voice. I could see that she seemed comforted and calmed by someone who "understood" her.

Relying on other ways to communicate means we must really get comfortable with silence. As a hospice chaplain I feel blessed to be able to take the time that nonverbal communication/presence requires. But it can take work to get used to it. Despite talk of the "ministry of presence" it is easy to feel, especially in long-term care facilities, a sense of "doing nothing" as facility staff buzz around, full of necessary activity. I've had to learn to get over what they might think. This is not about me. But it helps to remind myself that if my mom were at a facility, I would be deeply appreciative of anyone who would take the time to be with her—even sitting quietly—when I couldn't. As I call family members to report on a visit, they seem to feel the same way.

What Trish and others have taught me is that presence is indeed sacramental; that maybe dementia can be a final blessing, eliminating the barriers of spoken language, teaching us to be in the moment, and opening us to the universal language of the heart.

Nitza Rosario is an ELCA pastor who served for 17 years in parish settings in Puerto Rico, Brooklyn, NY, and Indiana prior to entering hospice chaplaincy. She has been serving as a Board Certified chaplain with Rainbow Hospice and Palliative Care in the Chicago area since 2002.

Heeding and Overcoming Racism Take Work

Lynne Silva-Breen

The following article was first published in the Savage Pacer *and is available online in the recent November 12, 2019 issue. It is reprinted here with permission of the author.*

WE VALUE LEARNING in our church community. I hope yours does, too.

In our small Tuesday night book group, we have been reading the new book *How to Be an Anti-Racist*, that is challenging us to see American culture and our participation in it with new eyes. The author, scholar Dr. Ibram Kendi, candidly recalls his own struggle as a young black man to see his own participation in the racist structures in our culture. He then encourages us to become people who stop using the term "racist" as a personal slur and instead see how we all, majority white and minority persons of color, live in a society that has organized itself around the myths and values of white control and racial superiority.

This is not a comfortable critique. I grew up in the 1960's in a solidly middle class, white Protestant, small town family, with two working parents and a public-school education. I was taught to believe that we are all equal though different. That with the right skills and education anyone can succeed. That we may have different skin color, but that somehow, we should overlook that and carry on. I remember my parents and their friends saying things like "We don't see color" as evidence of racial sensitivity. The only persons of color in my high school classes were foreign exchange students. Racial issues like Jim Crow segregation, civil rights demonstrations, lynching and race riots were far removed from my day to day experience in Connecticut: those were the terrifying problems of the post-Civil War south and impoverished inner cities, where true bigotry was on display.

I remember my parents and their friends saying things like "We don't see color" as evidence of racial sensitivity. The only persons of color in my high school classes were foreign exchange students.

When I spent a couple of summers working at a church camp in the lakes region of New Hampshire, I didn't anticipate the tension and fear that descended upon us one week when two busloads of children from majority black Roxbury, Massachusetts were dropped off. Years later I wasn't sure what to think of the dozen or so black classmates at my very white Lutheran college who stuck together like glue everywhere they went and who seemed to shrink into the background when in class, or my black friend who became his class president and seemed to hold that same group of black kids at a distance and with some distain.

I take my education and spiritual life seriously. I never in my life have consciously belittled or spoken words of hate toward a person of another race because of their

skin color. But I have participated in the way our majority culture can't or won't see the way we have historically created a rigid racial hierarchy; whites at the pinnacle of this value system, and persons of various shades of skin tone, from light to dark, in descending rank. I didn't spend much time wondering why Native reservations or black urban neighborhoods were chronically poor and underserved. I have not been seriously concerned that my Lutheran denomination is the whitest church in America or why I have given modest intellectual ascent to preferential hiring of persons of color or college admissions while wondering if it does any good.

Until I became a female pastor, that is. I was ordained into public ministry 35 years ago. A young, idealistic, energetic minister, eager to begin serving Jesus as a preacher and community leader. But I immediately began to understand in my bones what systemic prejudice looks like and how it functions every day, in every situation, because I was now the unwelcome minority. I was the female body, the female voice, the female profile, who was getting up every morning to lead an organization that was founded, organized and imagined at every level by white men. Many welcomed me and cared for me. But that welcome was a weak counterweight to the attitude, comments, assumptions and barriers I faced every day in the church. It became clear to me quite quickly that in virtually every way, women are not conceived to be legitimate religious leaders. And that men and women, of every age, economic status, educational level and perspective participate in this gendered culture. I am still amazed I lasted 20 years in this system. It became such a personal burden and just wasn't getting better the longer I stayed, I finally decided to leave the pulpit, change careers, and re-enter the pew.

I immediately began to understand in my bones what systemic prejudice looks like and how it functions every day, in every situation, because I was now the unwelcome minority.

It has taken me years to better understand the ways race and gender have organized everything in America from neighborhood real estate and poverty, educational disparity and health care, pregnancy leave and lack of childcare support to the lack of diversity in corporate boardrooms. I am still learning and repenting. I believe these are the groans of our culture, struggling in these days of amazing political polarity around issues of race and immigration, to recognize the hierarchical systems we live under and must reorganize if we are to become a real democracy. My prayer is that if you have read along this far, you will join me in this continuous personal and structural awakening.

It takes a commitment to be open to experience we don't share. To put down our automatic defenses and listen to voices who are trying to express their experience. To tolerate the discomfort when we feel unsettled. Where can you begin? Try listening to new podcasts like *1619*, watching videos like *13th* on Netflix, reading recent books like *Between the World and Me* and *How to Be an Anti-Racist*, and innumerable fiction

works by minority authors like *Medicine Walk* and *Indian Horse*. We can help make our country better for everyone if we begin to understand that racism is built into our society, and it is going to take some deconstruction before we heal.

Postscript

This article was initially written for the suburban Twin Cities communities of Savage and Prior Lake, Minnesota. Lynne has been one of the *Pacer's* "Spiritual Reflections" columnists for the *Savage Pacer* for 22 years.

In her ministry as a LMFT, Lynne has continually been challenged to better understand her cultural assumptions as a middle class, educated white woman, becoming aware that she doesn't always know what she doesn't know. This truth keeps her curious, striving to be open to new information before she makes assumptions, judgments and suggestions, critical skills in being an effective family therapist and systems thinker.

This conscious intellectual stance helps to slow her down, allowing her to better avoid stereotyping people on matters of gender identity, sexual orientation, race, age, class, and other personal characteristics.

As she has embarked on her second career as a therapist, she is aware of how limited her education has been when it comes to seeing others through their own cultural lenses and not just her own.

Rev. Lynne Silva-Breen, M.Div., M.A., LMFT, served for over 20 years as a Lutheran parish pastor. She is currently a family therapist/pastoral counselor and can be contacted at inspiringchange.us. *She is one of several area pastors who write a weekly Spiritual Reflection column appearing in the* Savage Pacer.

Level 1 Trauma: Reflections on Diversity

Rob Ruff

I'VE BEEN A HOSPITAL CHAPLAIN for nearly 30 years, serving at two Level 1 Trauma Centers in the Twin Cities. The hospitals where I've worked, because of their status as trauma centers and safety net institutions, serve patient populations that are culturally, racially, socio-economically, and religiously diverse. This means for almost three decades I've interacted nearly every workday with patients, families, and staff members who are different from me in skin color, cultural norms and traditions, religious beliefs and practices, and primary language. I've thought a lot about diversity and differences over the years, drawing on the skills of self-awareness and reflection I learned in CPE. I've come to few definite conclusions and wrestle with many questions. Here are some of my reflections and questions.

As a middle-aged, middle-class, heterosexual, married, educated, employed white male I am accorded a wide variety of privileges in American society that surpass, maybe far surpass, those granted to women and people from culturally and racially diverse communities. There is a part of me that is embarrassed to benefit from this injustice. And yet, if I am honest, there is another part of me that likes the privilege I have and worries that if the pie were sliced more equitably, my piece might be much smaller.

As a child I was explicitly taught "the police are your friend". African Americans are taught or experience directly that the police are often not friend but foe. I have twice in my life been pulled over while driving by a police officer for no apparent reason and was left furious after each at the violation of my childhood lesson. But there are African American people pulled over for no apparent reason regularly, sometimes monthly, even weekly. Are they as angry each time as I was? What do they do with that anger? What am I to do about this injustice, about the gulf between the lesson I was taught and the lived reality of so many African American people?

What am I to do about this injustice, about the gulf between the lesson I was taught and the lived reality of so many African American people?

In my encounters and those of my immediate family members with the healthcare system, I trust the integrity and professionalism of the doctors, nurses, and other caregivers we meet, almost without question. I trust from the outset they will act in our best interest, tell us the truth, and deal with us fairly and compassionately. This trust is based on previous experiences where we received good and often excellent care. But I am aware that people from diverse racial and cultural backgrounds often do not trust the healthcare system from the outset because they have not always been told the

truth nor treated fairly. The shadow of the infamous Tuskegee experiments still falls over encounters African Americans have with the healthcare system, causing many of them to wonder if they or a loved one is secretly being experimented on. When such mistrust surfaces in the hospital, healthcare providers often take offense, as if their personal integrity is being questioned rather than the integrity of the healthcare system. How can the mistrust of people from diverse racial backgrounds be heard, honored, and addressed? How can the healthcare system own its past and present injustices? How can we ensure that the American healthcare system, which still includes many disparities for people of color, is changed to insure fair, equitable and compassionate care for all?

How can we ensure that the American healthcare system, which still includes many disparities for people of color, is changed to insure fair, equitable and compassionate care for all?

In my experience, hospitals and their employees are fond of patients and family members who are compliant, who do what we tell them, and who thank us for the care we provide. Being compliant and thankful are among the unwritten rules of being a good hospital patient. But people from diverse racial and cultural backgrounds who have often experienced discrimination and unfair treatment are not always compliant, do not always adhere to treatment recommendations and don't always feel thankful for the care they receive. This may not have to do with being "difficult" (as they are often labeled) but about trying to ensure they are not taken advantage of. How can we, individually and organizationally, hear these people rather than judge them?

The question "Where are you from?", can be asked out of a friendly desire to know more about someone. But when this question is asked of those from diverse cultural and racial backgrounds — whose skin is darker than mine or who speak with an accent — it can feel ominous, especially when heard over and over, as if the true and cumulative intent is to say, "You don't belong here." I've learned that even though my intent in asking such a question may be positive, the impact can be negative and I'm responsible for both.

A colleague of mine recently traveled to Africa. In an off-handed comment I told someone my colleague was "at the end of the earth." Soon after the words left my mouth I realized how insensitive and egocentric they were. I had located myself at the center and those as far from me as my colleague in Africa at the far, distant end. I wonder how often I and the dominant culture I am part of are that insensitivity egocentric.

We used to speak of cultural competence as the way to address diversity and differences. This involved acquiring a competent knowledge of the beliefs, practices, and norms of diverse cultures. But this led to the unfortunate temptation to assume everyone from a particular culture shared the same beliefs, practices, and norms. It was easy for competence to become stereotyping. Now we speak instead of cultural

humility as the way to address diversity and differences, humbly asking those from diverse cultures to help us understand their particular beliefs, practices and norms. I try to employ humility in my work as I seek to meet people where they are at rather than where I assume they are or feel they should be.

During my seminary years long ago, I avoided interacting with African students, believing they and their culture were so very different I would not understand them nor they understand me. I'm embarrassed at that memory and lament the opportunities I missed, having learned that differences are not impediments to connection. I've come to believe in these truths:

- Each of us is like every other one of us — we all share a common humanity;
- Each of us is like some others — we share common beliefs, practices, and traditions with those of our group or culture or tribe;
- And each of us is like no one else — each person is a unique individual.

Maya Angelou said *"We are only as blind as we want to be."* I know I have blind spots around diversity and differences and cannot eliminate them entirely on my own. Listening to the perspectives and experiences of colleagues from diverse backgrounds and cultures helps open my eyes. As does reading racially diverse authors like Ta-Nehisi Coates, Michael Eric Dyson, Maya Angelou and James Baldwin. I pray for the *amazing grace* that can turn my blindness and that of healthcare systems and this nation to sight.

Rob A. Ruff, BBC is the Director of Chaplaincy Services at Regions Hospital in St Paul. He has a B.A. in Sociology from Concordia College, Moorhead, Minn., and a Master of Divinity degree from Luther Seminary in St Paul. He is an ordained Lutheran pastor (ELCA) and is a Board Certified Chaplain with the Association of Professional Chaplains. Rob has been a hospital chaplain for the past twenty-nine years: fourteen years at Hennepin County Medical Center and 15 years at Regions. Rob has been the chaplain for the Regions Palliative Care Team since its inception in 2004. He has done numerous presentations on the spiritual aspects of illness, dying, and death.

Battle-Tested in the War on Hate: How Social Justice Consciousness Challenges the Called in Specialized Care

Karen Westbrooks

EXHAUSTED. EXHAUSTING. MORE THAN EXHAUSTING. Thinking through 150 years of bigotry feels like a weight on my shoulders especially when I've lived through nearly 60 of those years. As I consider diversity, equity and social justice in ministry, I am reminded of how often I feel pressured to "Say something," "Do something" or "Provide a perspective." What seems ironic to me as a consecrated black deaconess in the white world of Lutheranism is that the tight, tucked-in, orderly world of ministry in a congregation is drastically different from the world that I see as a licensed mental health professional. The most alarming example of this is what happened on a beautiful Wednesday afternoon in October 2018 in sleepy Jeffersontown, Ky., a suburb of Louisville and the home of my congregation and counseling center.

Having been frustrated by the locked doors at a Baptist church,[1] a 51-year-old white male, drove down the street, right past the Lutheran Church where I sat in a counseling office with unlocked doors. Instead, he pulled in next door at a grocery store — open 24/7. Getting out of his car, he shot a 60+ year old black woman in the crosswalk between the store and the parking lot. The woman was pushing a grocery buggy with already paid for items in it. After she dropped to the ground, he stood over her and shot her three more times. Armed with the same weapon, he walked in the store and shots rang out! The young and the able-bodied ran for their lives. A second customer, a black grandfather, also 60+ years old, was assassinated while helping his eight-year-old grandson choose materials for a school project.

When leaving the store, the gunman was confronted by a young white male with a gun who fired at him. The sound bite that reverberated throughout the area was the report of what the gunman said as reported by the young white male, "Whites don't kill whites." Aerial footage shows the murderer, dressed in a neon yellow sweat suit, getting in a car, putting it in reverse and slowly backing out of a parking space. Driving 1–2 miles an hour, he stopped at a stop sign before making a left turn out of the parking lot. As soon as he hit Hurstbourne Blvd, he was captured immediately by police. Law enforcement did not choke, beat, or kill him on the spot. He was

As I consider diversity, equity and social justice in ministry, I am reminded of how often I feel pressured to "Say something," "Do something" or "Provide a perspective."

1 This was a historically black church of which the gunman was a former member.

handcuffed unharmed and booked. Charged with two counts of murder and 10 counts of wanton endangerment, he is still awaiting trial.

Both colleagues and clients posed many questions to me. Was the gunman crazy? Why didn't the police shoot him on the spot? My answer has stayed consistent for more than a year. "No, the man was not crazy. We were all witnesses to what hate looks like." Because Louisville is small as cities go, more personal questions were asked: Why was the man aiming to kill black people when his wife was black and his kids are bi-racial? I responded in a way that they did not expect, "This was all the more reason for him to kill black people." What? Why? "When he married a black woman, maybe he did not marry her for love. Maybe he married her for power and control. Maybe he married her to keep his hatred at the domestic level. Maybe she divorced him to escape the abuse." The ex-wife chose not to be interviewed. She, also traumatized, did not want the lime light.

"No, the man was not crazy. We were all witnesses to what hate looks like."

More than one of my clients were personally connected to this story. One was in her car in the parking lot when the woman pushing her buggy was shot. My client reports laying down on the floor boards terrified that she would also be shot if he saw her. Another was a neighbor of the murdered grandfather who was helping his grandson get school supplies. In an instant, his life was gone and the family and the neighbors were changed forever. It seems that "all of Louisville" was shaken and disturbed. Not knowing what to do, they turned to their smart phones and searched for help. I subscribe to a Psychology Today software that tracks the searches for counseling in the area. Inside the last four years, including 2018, there were an average of 24,000 searches in Louisville and by August of 2019, there were over 78,000 searches. Why the spike? I would suggest that the community trauma was a huge factor. Shooting on the West End is acceptable, but a shooting on the East End (Jeffersontown) where the good middle-class people reside is unheard of. There was a racially-motivated double homicide at the Jeffersontown Kroger's! My first inclination was to consider leaving Louisville so that I would not be concerned about leaving the grocery in a body bag. Then, with a big sigh, I felt my calling. If I move, what are my current clients going to do? Many are stuck here with no means of moving anywhere else. They had chosen me as their trusted mental health professional. Ugh!

Again, was the grocery store killer crazy? He had the presence of mind to obey the traffic law which means he had the presence of mind to know that killing was wrong just like running a stop sign is wrong. He obeyed the smaller law and ignored the bigger one! Why is it useful to our culture to call people crazy? We've done it with many of the mass shooting incidents. A very recent high-profile racial shooting was at the Wal-Mart in El Paso, Texas. We wanted to make the gunman crazy there as well. This was a man who reportedly drove eight hours to shoot Mexicans. That took

a great deal of planning and executing. Dave's Sporting Goods, a billionaire business, decided to take its assault rifles off the shelf. The head of the business took the position that the loss in revenue pales in comparison to the loss in lives.

What position has the church taken on social justice? Have you heard anything? My church is the closest community of faith to this murder scene and we still have not talked about what happened. Calling people crazy, keeps it "out there." It keeps it "not us." It keeps it "no way is that ever relevant to us." Many of our congregants continue to shop at the same store where the black people were blown away because a man in his right mind wanted to kill black people. That sounds scary doesn't it? Someone in his right mind wants to kill.

Ultimately, we have to arrive at the question of sin. Is the church afraid to discuss it? Sin is acted out more brutally between the races than anywhere else. Sin is multigenerational. Racial tension and social justice is also multigenerational. I began this article by talking about the weight of 150 years. The truth is, it's a lot more years than that! It's more like 2,000 years. All of us live in the swamp of our fathers' sins. It has everything to do with us because we have inherited ways of thinking about each other that are damaging and deadly. We have inherited ways of being together that is isolating and condemning.

Ultimately, we have to arrive at the question of sin. Is the church afraid to discuss it?

The real work of the church is to disrupt the cycle of sin. Wait! Didn't Christ crucified do that for us? Disrupting the cycle means that we have to become participants in the story of Christ. When we celebrate All Saints Day, we acknowledge stellar participants in the story of Christianity. How do we disrupt the cycle in the same thinking language that has kept us the same? This is precisely the challenge and the reason for this article. We are called to change the way we think about social justice.

To be impactful social justice advocates, we are called to change. To explain, I must share three more stories then tie it to how we might disrupt the cycle that keeps us the same. During All Saints Sunday, our Assistant Pastor asked kids six years old and younger, "What is a Saint?" The children responded, "When you play football or soccer or some other sport you become a saint." I cringed hearing these responses. Our kids are likely not too different from other children. Since much more is caught than taught, secular understandings are caught much quicker even though these children are actually in the pews! Social justice starts with toddlers. If they are not connecting saint with following the plans Jesus laid out for our lives, we have already lost the battle for social justice. To change our thinking means understanding that learning about social justice begins practically at birth if not in the womb! The first social environment for which the child is exposed is its own family. Is it a loving or abusive, organized or chaotic, accepting or dismissive?

Two years ago, I was eager to teach a course in Diversity and Social Justice for a School of Social Work. I had 29 students from all over the country. It was an online classroom. An important capstone project of the course was the Social Justice project for which the students had to submit a proposal for approval. In the wake of Charlottesville, one student's proposal was to solve racism in the United States by herself in one semester. I kindly provided feedback. Her revised proposal was to solve racism in Louisville by herself in one semester. I kindly provided even more feedback. The student responded with grave disappointment and asked one question, "Am I not going to get an A in this class?" I was so thoroughly dismayed by the student's objective for a grade and not for social justice that I spoke to the program chair about screening their students more thoroughly! The chair's reply was, "Did that really happen with one of our students?" I felt that my concerns were dismissed, so I never taught for the university again.

I learned that going through life blind to 150 years of history might be worse than carrying it on my shoulders.

Instead, I voluntarily led a book discussion on *Witnessing Whiteness* by Shelly Tochluk with the pastors from the Indiana/Kentucky Ministerium. Ah! That was the real reward! The pastors did not participate for a grade, they participated to address real issues in their congregations and communities. I learned that going through life blind to 150 years of history might be worse than carrying it on my shoulders. For example, only one of the pastors was aware of the systemic reasons that created poverty living for most African Americans. Another exclaimed, "I took a college course on *American Life in the* 1920's and not once did the professor present or address the bombing of Black Wall Street![2]" To know that black people weren't always poor did a lot to change the minds of the ordained people. What would knowing the truth do for the laity?

The pulpit is a powerful place to get out the message of social justice. Pastors have to change their minds about playing it safe and not upsetting the people with the money in the congregations. The force of the laity is mightier than the force of the clergy. We have to change our minds about what to do when we have the attention of the people in the pew.

Recently, I was told by our new lead pastor that the congregation had no idea that we had a counseling ministry. With all the calmness I could muster, I said, "I'm not the person with the microphone every Sunday." I walked away thinking, "I dare him put that on me. How do I let people know when I have no place of authority in the church? I am not paid staff. I am not staff. As far as most are concerned, I'm the black woman in the pew."

As I continued to wrestle with the pastor's dismissive attitude toward my ministry, I asked the chair of the church council for some time on the agenda at the

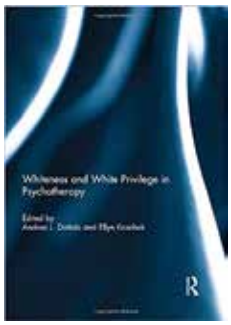
2 To learn more about this tragic event, see the CNN link *https://youtu.be/EO3Fxe4mDP4*

next council meeting. Well, two months later, after the council chair screened what I wanted to talk with the council about, I got permission to give a presentation about the counseling ministry. I ended the presentation reading a letter of support from the Dean of the Ministerium. As I understand it, letters are continuing to pour in. The validation has literally changed my outlook on the power of a congregation! The counseling ministry has a diverse caseload with 55% African American, 25% Caucasian, 5% Hispanic, 5% Mixed Race, 5% LGBT. The folks I serve do not at all look like the demographics of a Lutheran Church. However, very likely, the assumption that Lutherans are just all white folks helping white folks actually saved my life. Each day I open the door to my counseling center, I realize that had I been presumed black, I might have been the first one murdered. Definitely exhausting and very scary!

Dr. Westbrooks is a former hospital chaplain with a PhD in Marriage & Family Therapy. She is an experienced educator having held a tenured position as Professor of Counseling and Family Therapy at Western Kentucky University.

As a licensed marriage & family therapist, she was elected president of the Kentucky Association for Marriage & Family Therapy and subsequently served on the AAMFT Council of Division Presidents. She was then nationally elected to the AAMFT Board of Directors with a term beginning January 2015 and ending in December 2017. Dr. Westbrooks was also one of nine nationally appointed members to the AAMFT Ethics Code Revision Task Force who made updates for the 2015 AAMFT Ethics Code. In July 2014, the Kentucky Governor appointed Karen to serve a four-year term on the Board of Licensure for Marriage and Family Therapists.

She is a consecrated deaconess of the LDA in Valparaiso, Indiana and a licensed counselor in private practice at Jeffersontown Counseling Services — a recognized ministry of the ELCA.



Book Review: *Whiteness and White Privilege in Psychotherapy*

Dottolo, Andrea L. and Ellyn Kaschak, ed. (2016) New York: Routledge.

Reviewed by David Franzen

The following book review was originally published in the Journal of Pastoral Care and Counseling*, Volume 70, Issue 4, December 15, 2016, pp. 295–296. It is reprinted here by permission of the publisher because of its relevance to the theme of this edition of* Caring Connections.

WHITENESS AND WHITE PRIVILEGE IN PSYCHOTHERAPY is an important contribution to the literature on the theory and practice of psychotherapy. Written from the perspectives of gender, whiteness and white privilege, its editors have assembled thirteen articles from eighteen authors including themselves. The presupposition of the book as a whole is summed up by the co-author's claims in her lead article that "Whiteness…is not so much a personal quality as it is a reflection of power embedded in the very structure and functioning of American culture," and therefore that "Whiteness has to be made visible long before it can be…" adequately addressed and critiqued (p. 12). Whiteness is defined as an ensemble of largely unconscious forces in our culture that operate tacitly in frequently used terms such as "progress," and "American."

In the next section Elena Padron, a Latina immigrant from Venezuela, provides a critique of United States culture that describes itself as "American," while oblivious to the fact that there are many other countries in the Americas, Venezuela included. Her critique of Venezuelan racism describes a "coffee with cream" perspective on the shades of human pigment wherein "more cream" is perceived as "better" than "more coffee." An Asian perspective on White Privilege by Natalie Porter utilizes the colonial-era opera, *Madame Butterfly*, as well as three clinical cases involving White American husbands and their Asian immigrant wives, to study the intersection of gender, ethnicity and culture in these marriages. The central themes of these couple's marriages included the husbands' "colonization", sexual exploitation, dominance and violence toward their wives whom they expected to be submissive. In the final chapter of this section Martha Banks examines the loss of White Privilege by White women who become disabled, and even greater loss and morbidity among African-American

Whiteness is defined as an ensemble of largely unconscious forces in our culture that operate tacitly in frequently used terms such as "progress," and "American."

women with physical disabilities. These women face "challenges of health, femininity, social status and barriers to social participation, and abuse.... Having a disability places a person in a marginalized group with a history of oppression" (p.43).

Section three addresses the training of psychotherapists and the essential, but often missing components of education regarding White Privilege in doctoral curricula and the supervision of psychotherapists in training. I found this section to be the most important in the book because of its emphasis on formation of therapists in the competencies necessary to provide sensitive, effective intercultural psychotherapy. Here the chapter titles alert the reader to key pedagogical themes: "Using White Privilege Analysis to Examine Conferred Advantage and Disadvantage"; "What Do White Counselors and Psychotherapists Need to Know About Race? White Racial Socialization in Counseling and Psychotherapy Training Programs"; "White Practitioners in Therapeutic Ally-ance: An Intersectional Privilege Awareness Training Model"; "I Don't See Color, All People Are the Same: Whiteness and Color-Blindness as Training and Supervisory Issues"; and "Examining Biases and White Privilege: Classroom Teaching Strategies That Promote Cultural Competence." These chapters also commend themselves as guides to the revision and construction of training programs in Pastoral Care and Pastoral Counseling, and especially at the level of supervisory training.

I found this section to be the most important in the book because of its emphasis on formation of therapists in the competencies necessary to provide sensitive, effective intercultural psychotherapy.

Contributions in the final section of this volume extend and elaborate the trove of theoretical material presented in the earlier chapters. Central themes treated here include "microaggressions and being 'American,' and the ways in which institutional and social structures benefit Whites." A veritable lexicon of terms exposes the often hidden dynamics of White Privilege and Color-blindness. Racial microaggressions refer to "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the targeted person or group." Another such term is that of "meritocracy" which claims that Whites have attained success in life purely by their own individual efforts, whereas in fact they have benefitted from forms of racism that have disadvantaged people of color (p. 119). In other words, Whites and African Americans respectively have been the recipients of "conferred advantage" and "conferred disadvantage" (pp. 54-67), terms that are also descriptive of the intersecting dynamics of sexism, heterosexism and other forms of discrimination. These dynamics hurt persons of color, often leaving them in a state of "internalized racism" – a type of oppression in which they accept the methods and stereotypes of the dominant White majority. In apposition, these dynamics also leave Whites with "disintegrated identities" that are a function of their lack of

awareness of the privilege that racism affords them. These White persons may claim that they are "color-blind," whereas they are instead blind to their embranglement in racist behavior. Another symptom of color-blindness may involve use of the term, "American" when it implies subscription to white norms and values, a practice that tends to mask the racist dynamics of the dominant White culture.

Finally, two additional features of this book commend it to our use. First are the rich bibliographic resources at the conclusion of each contributor's chapter, providing a wealth of readings for further research, and for the development of a training program's bibliography and curriculum. Second, although these articles are written largely from a cognitive behavioral theoretical perspective, they keep approaching the unconscious level of racial dynamics and behavior. It is as though they keep reaching for more. Diane Adams devotes one small, but important passage to a psychoanalytic perspective suggesting that White privilege and repudiated White racial identity are forms of pathological narcissism. This perspective illuminates her claim that "(v)ulnerability to states of narcissistic decompensation are characterized by White shame and rage, and stem from instability in identity development from the splitting off and projection of repudiated aspects of the self. This disavowal of aspects of the self, results in a White identity that is fragmented and unintegrated and thus fragile and unstable" (p. 156). This powerful passage left the reader yearning for more.

Although this book is written for an audience in Clinical and Counseling Psychology, it has immediate value for trainees and practitioners of Pastoral Care, Pastoral Counseling and the supervision thereof. This book deserves a place on the shelves of our libraries and in the core of our curricula.

David M. Franzen, Th.M., DMin., has until recently served as a Director at the Alamance Institute for Pastoral Counseling in Burlington, NC and a Director at the Institute for Psychodynamic Pastoral Supervision in Durham, North Carolina. He was a Diplomate in the American Association of Pastoral Counselors — now a Certified Pastoral Counselor in ACPE. David is also a retired Supervisor in the Association for Clinical Pastoral Education, having served as a CPE Supervisor at Duke Medical Center and as Director of the Pastoral Care and Counseling Department at Alamance Regional Medical Center in Burlington, NC. He is a Diplomate in the College of Pastoral Supervision and Psychotherapy, a North Carolina Board Certified Pastoral Counselor, and the President of the North Carolina Association of Pastoral Counselors. He currently maintains a pastoral counseling practice at Dr. D.M. Franzen, LLC, 2726 Croasdaile Dr., Suite 207, Durham, NC 27705. David is a 2019 recipient of the Christus in Mundo *award.*

Responses to Past Issues

The following letter is in response to Volume 16, 2019 Number 2 "Discovering Evidence-Based Chaplaincy."

Dear Editor:

The chaplains, educators, and pastoral counselors of *Caring Connections* are invested in contributing to the healing of all people amid injury, illness, and/or suffering. All of us seek to complete service to this mission in our respective contexts so that we might contribute to and effect the healing of those within our care.

Beyond the important individual and anecdotal episodes of our care encounters, the only way to know whether we are making a difference across populations or specific groups of people is through research. Transforming Chaplaincy is a think tank with a mission to promote research literacy in chaplaincy to improve patient outcomes.

To support this mission, Transforming Chaplaincy has launched research networks. Participating in these networks can be as minimal as receiving links to the latest peer-reviewed articles to reaching out to others to explore a research possibility or perhaps seeking partners for a research project.

To discover more about and/or possibly join one of these six research networks, visit *www.transformchaplaincy.org/about/research-incubator*.

Last, please contact me at the address below to find out more about these research networks. I look forward to collectively increasing what we know to best enable our contributions as healers.

Sincerely yours,
Paul Galchutt, Convener
Transforming Chaplaincy
Hospice-Palliative Spiritual Care Research Network
galch005@umn.edu

Response to Volume 16, 2019, Number 3

Faith-Driven or Fear-Driven?

David McCurdy

Introduction

Does faith-based health care have a more than nominal future? Reading the last issue of *Caring Connections*, keynoted by Don Stiger's richly reflective lament,[1] does not resolve that question. Often in the symposium, "faith" in "faith-based" truly means the "assurance of things *not* seen" (Heb. 11:1), or no longer seen, in our health care. Yet Stiger and his interlocutors are surely correct about the enduring value of faith-based health care, done right.

I think the forward-looking question is this: What must faith-based health care be or become to retain or regain its integrity and distinctiveness? An answer turns on some of Stiger's central ideas: in particular, the "spirit of care" as "whole-person care," but also his suggestive discussion of "self-intimidation" and recognition of the dilutive pressure of economic forces and financial expectations.

Ultimately these considerations recall Jesus' warning about serving two masters. Faith-based organizations serve God's healing cause, yet mammon, its demands and enticements, are always and necessarily close at hand. Given this tension, faith-based healthcare leaders are called to an impossible and necessary task: to keep organizations viable while charting the course and taking the risks that the spirit of care entails.

God's Care and Our Care

The spirit of care described by Stiger reflects and stems from God's own care. Jesus announces, and launches, a new reign of God's will on earth. His healing work expresses God's will, God's care. More than once, the Greek word *splanchnizomai* describes his response to human affliction: Jesus is "moved in his bowels," stirred by compassion and even anger at human suffering he meets (see Mk. 1:40f.). He sees what Luther aptly calls our "misery," and is moved to heal; our faith-based "vocational calling" to care follows his lead.[2] As the Spirit "drives" Jesus into the wilderness (Mk. 1:12), later he is viscerally driven, by God's own passion, to heal.

For Jesus, God's care is also whole-person care. He sends those he heals of mental illness or stigmatizing disease back into their community (e.g., Mk. 1:40-45), calls them to meaningful tasks (Mk. 5:19), and advocates for their inclusion over official resistance (Lk. 13:10-17).[3] Faith-based healthcare organizations are called

1 Don Stiger, "'And Then There Were … None?' The Future of Faith-Based Healthcare," *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling*, vol. 16, no 3 (2019): 3–39.

2 *The Large Catechism of Martin Luther*, tr. Robert H. Fischer (Philadelphia: Fortress Press, 1959), p. 33; Stiger, 33.

3 These comments on biblical material rely significantly on Donald Senior, *The Jesus of Scripture*, audio CD set, Now You Know Media, lecture 5, "Jesus the Healer."

to parallel efforts in their contexts. At their best, they are learning to expand their scope, to enable well-being for whole persons in whole communities. Some now muster resources to address socio-economic determinants of health,[4] recognizing that early death and rampant morbidities thrive in communities of deprivation.[5]

Yet Stiger's essay shows that a faith-based spirit of care is also and always threatened by the prevailing culture and economics of U.S. health care. One much-reported example is patient billing. There is often a deep divide between compassionate, effective clinical care and the billing activity that accompanies it. Patients with limited means may find paying for care at a faith-based hospital no less trying than it would be elsewhere. Stress-inducing billing and collection practices punctuate many episodes of care; their lasting impact can outweigh the positive outcomes of bedside care. Hospitals have charity care policies, but their scope is limited and communication about them is spotty. Can true whole-person care ever overlook patients' *financial* well-being?[6]

Stiger believes that he and others in his faith-based organization, the "vulnerable" partner in the merger he recounts, gave away voice and power for fear the transaction would be scuttled. But perhaps it is not only the obviously vulnerable who "self-impose" fear.

Self-Intimidation, Organizational Fear, and the Transactional Mindset

Stiger believes that he and others in his faith-based organization, the "vulnerable" partner in the merger he recounts, gave away voice and power for fear the transaction would be scuttled. But perhaps it is not only the obviously vulnerable who "self-impose" fear.[7] Do not large and prosperous healthcare organizations—including the faith-based—obsess over their financials, preferring risk-averse decisions and worrying about cash on hand as if no surplus was ever enough? Arguably, aggressive approaches to patient billing and collections—even litigation—reflect similar fears about the "what if" more unless every amount due is pursued.[8] Of course many patients are reluctant, and slow, to pay even if they can. Nevertheless, the routine saber-rattling in many billing practices seems to assume the worst about all who owe, always fearing their non-payment and its impacts.

Other significant areas of faith-based organizations' operations may also be less faith-based than fear-based. Stiger's analysis suggests that even measuring the

4 Recently, for example, ELCA-affiliated Advocate Aurora Health announced a five-year, $50 million "commitment to invest" in "underserved neighborhoods" in its geographic area (email announcement, Advocate Faith and Health Partnerships, November 7, 2019).

5 On the connection between disadvantaged communities and mortality and health status, see David Ansell, *The Death Gap: How Inequality Kills* (Chicago: University of Chicago Press, 2017). The emphasis by Roger Paavola, one of Don Stiger's respondents, on individual responsibility for health has its place ("Response from Roger Paavola," *CC*, vol. 16, no. 3 [2019]: 45–49), but Ansell's work and other recent research show clear associations between poor population health and social and economic disadvantage.

6 Wendell Berry once wrote, "How can we get well when we are worried sick over money?" ("Health Is Membership," speech at conference, "Spirituality and Healing," Louisville, Ky., October 17, 1994).

7 Stiger, 19–20.

8 Sarah Kliff, "Can't Pay the Medical Bill? Your Hospital May Take You to Court," *New York Times*, November 10, 2019.

"patient experience" to improve "care" is typically tied to a fear of losing patients/consumers whose business the organization wants to keep. That is, the focus is heavily on "improving care" as part of a performance-based transaction with revenue implications.

Patient experience tools may indeed enhance implementation of a faith-based spirit of care, but their primary aim is improved service *in return for* consumers' business and loyalty. This is the essence of what I will call the transactional mindset. This mindset is more about margin than mission, and is driven significantly by fear and a desire to reduce risk.[9] If its efforts succeed as hoped, it may not only reduce risk but generate new business opportunities. With skill and luck, these may become an unexpected pathway to ever-growing continuing revenue.[10] Organizations may cherry-pick service line opportunities when they are there for the taking—an eager opportunism that may also have roots in the fear-based sense of "never enough."

Faith-based care is not just "based" in faith and the gospel, or mission and a heritage. It is *driven* by a deep, compassionate recognition of human suffering, and is moved to care and heal.

Toward a Faith-Driven Healthcare Future, and the Place of Specialized Ministry

These reflections suggest, and certainly do not answer, the opening question: What must faith-based health care be or become to be true to its distinctive calling? An answer may begin with a dual awareness. First, faith-based care is not just "based" in faith and the gospel, or mission and a heritage. It is *driven* by a deep, compassionate recognition of human suffering, and is moved to care and heal. This awareness orders organizational priorities. Organizational survivability should only and always serve the overriding obligation to provide "whole-person care in whole communities," always conscious that faith-based health care really is "care" in the deepest sense.

A second, corresponding awareness would recognize, then explore, the nature and extent of "self-intimidation" in our organizations. It would trace its reality as unacknowledged fear that can drive decisions and actions more extensively than we want to admit. Leaders might begin to ask directly whether, or how much, a given decision or proposed option is "fear-driven," or how an option would serve the faith-driven calling. Such an awareness and resulting self-inquiry might help an organization rebalance or recast its operational priorities. Revisiting the organization's culture in faith-driven/fear-driven terms seems a substantial undertaking in its own right, but implications for policy and practice would surely follow from this effort.

9 For this dynamic, see Michael Panicola, "A Cautionary Tale Revisited," *Health Progress*, Mar.–Apr. 2017.

10 For a primer on such opportunism, see Elizabeth Rosenthal, *An American Sickness: How Health Care Became Big Business and How You Can Take It Back* (New York: Penguin, 2017), esp. pp. 33–35 and chapter 7. Not incidentally, Rosenthal noted that 8 of the 10 largest not-for-profit U.S. healthcare systems were (as of her writing) religiously affiliated.

Mission leaders would necessarily play a central role in framing and carrying out such an approach. Having their own initial sense, not only about what a faith-driven organization is but also about self-intimidation—both their own and the organization's—would help prepare them for the task. Their role in senior leadership (my assumption) would position them to understand concerns or reservations about any new faith-based initiative.

Chaplains would also have a contribution to make. Most essentially, while the chaplain's presence in a faith-based setting does not *define* faith-based health care, it still *symbolizes* uniquely, and for many—patients and families, physicians, nurses and other clinical staff members, housekeepers, and more—an underlying faith-based commitment. Chaplains' "mere" presence sends a sometimes subtle, sometimes powerful message about the meaning of care. Of course, chaplains contribute much more as well, but their visibility as a comforting, steady, and stalwart presence should not be dismissed.

David McCurdy, RBCC, is an adjunct faculty member in religious studies at Elmhurst College, a retired healthcare ethicist and chaplain, and a retired ACPE supervisor. He is an ordained minister in the United Church of Christ. McCurdy welcomes questions and comments about this article at dbm1946d@aol.com.

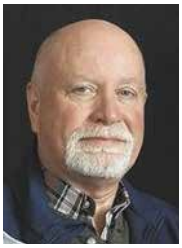
News and Announcements

Rev. Judith Simonson, who served as the ELCA MCPCCE endorsement coordinator for 11 years, has retired from her position effective October 1, 2019.

Rev. Ruth Hamilton has stepped into this position. She is also the Candidacy Leadership Manager for Joint Ministries of Region 9.

David Ficken is now representing **Robert Zagore** in the area of LCMS endorsements.

In Memoriam



Rev. Allen Henderson, Ft Dodge, Iowa
Pastor Al Henderson, Senior Pastor of St. Paul Lutheran Church, Ft Dodge, Iowa, and long-time Chaplain for all area law enforcement and first responder agencies, including the Fort Dodge Police Department, will forever be remembered for his dedication and service for all of those he touched within this community and beyond. He died on Wednesday, Oct 3, 2019 following an assault at the St Paul's Lutheran Church where he served as senior pastor.

Dr. Melvin A. Kimble, Excelsior, Minnesota
Emeritus of Pastoral Care & Director of the Center for Aging, Religion and Spirituality at Luther Seminary, St Paul died September 18, 2019 at the age of 93.